

U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

ANNOUNCEMENT

OR A 3890

November 3, 1998

SUBJECT: HEALTH BENEFITS OPEN SEASON, NOVEMBER 9 - DECEMBER 14, 1998

A Federal Employees Health Benefits (FEHB) open season will be held from November 9 through December 14, 1998. During open season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan or option to another; from self only to self and family, or make a combination of these changes. Enrollees who wish to continue their current enrollment do not need to take any action during this open season. **Enrollees whose plans will not be participating in the FEHB Program after December 31, 1998, or whose plans dropped the enrollment code they are enrolled in, MUST enroll in a different plan to continue FEHB coverage in 1999. Please note that Healthsource of Tennessee will no longer be available as a Health Maintenance Organization (HMO) for 1999. Enrollees covered under this health plan will need to elect a new health carrier during this open season (if wanting to continue health coverage). Enrollees will be covered under Healthsource of Tennessee until midnight, January 3, 1999.**

Due to a limited supply of the 1999 Enrollment Information Guide and Plan Comparison charts, your division Administrative Assistant will receive a copy of the guide for your use. The division Administrative Assistant should arrange for a check out system so that you may review the comparison guide or allow you to make a photocopy. The comparison guides contain open season enrollment information and a summary chart that describes the major features of each plan and the appropriate biweekly and monthly premium rates. Please review the chart carefully to determine whether your plan will be in the FEHB program in 1999. The comparison charts may be used to compare benefits among plans. However, since they contain only general descriptions of plan benefits, do not rely solely on these booklets when deciding to enroll in or change enrollment to a specific plan. It is also important to remember that only you can decide which plan is best for you and your family. For employees who have Internet access, the Office of Personnel Management has a website regarding open season for FEHB. The address is: <http://www.opm.gov/insure>.

If after reviewing the comparison charts, you decide that you are interested in enrolling or in changing to a particular plan, consult the brochure for that plan for a complete description of benefits. If you are currently enrolled in a plan, your plan will send you a copy of its brochure and notice of the 1999 rates.

Brochures for all plans will be available for review in the Personnel and Management Analysis Branch (PMAB), Federal Building, 200 Administration Road, Oak Ridge, Tennessee.

We highly encourage employees to contact their current or potential insurance carrier/physician to determine if they will be a subscriber for your servicing area.

There are three basic types of plans available under the FEHB program:

- (1) Fee-for-service Plans: These plans reimburse you or your health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers. Most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits.

Fee-for-service plans include the Service Benefit Plan sponsored by Blue Cross and Blue Shield and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans; other employee organization plans are restricted to employee organization groups and/or agencies. (See the employee organization plan brochures for information about membership and membership fees, which are in addition to your biweekly or monthly premiums.) These membership fees are not part of the FEHB program costs.) Most of the employee organization plans base their payments to providers on the plan's determination of reasonable and customary charges. You are responsible for any applicable deductibles and co-insurance. If the provider's charge is higher than the plan's allowed amount, you are responsible for the difference.

- (2) Prepaid Plans - HMOs: These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations.

Each HMO is open to employees within the plan's enrollment area. You cannot enroll in an HMO if you are located outside its enrollment area. Refer to the plan's brochure if you have any questions about the enrollment area. **If you are enrolled in an HMO, be sure to review the brochure carefully to see if there are any changes in the plan's service area which would require any action on your part.**

- (3) Plans Offering a Point of Service (POS) Product: Some FEHB plans blend their features. A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network." In an HMO that offers a POS product, the POS product acts like a fee-for-service plan: The HMO's enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more--in terms of deductibles and coinsurance--than if they used plan providers.

In a fee-for-service plan with a POS product, the POS product acts like an HMO: If they agree to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), plan enrollees will get a **better** benefit, usually in the form of richer benefits and lower copays or coinsurance.

How to Enroll or Make an Enrollment Change during Open Season: Employees wishing to **enroll, change, or cancel** their enrollment must complete a Health Benefits Registration Form Standard Form 2809. These forms are available from PMAB in the Federal Building and must be completed and submitted to PMAB prior to close of business on December 14, 1998, to **Jill Stephenson, Personnel Staffing Specialist (AD-442)**. Your assistance is requested in making desired changes as early as possible in the open season.

New enrollments and changes in current enrollments elected during the open season will become effective January 3, 1999. If you change plans, any covered expenses incurred between January 4, 1998 and January 2, 1999, will count toward the 1998 deductible of the plan you are changing from.

Please note that information you provide by enrolling in the FEHB program may also be used for computer matching with Federal, State, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the FEHB, Medicare, or other Government benefits programs.

Temporary Continuation of Coverage (TCC): You should be aware that, if you leave Federal employment, you will probably be eligible for TCC (unless you are separated for gross misconduct). TCC can continue your enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2 percent charge for administrative expense. There are specific timeframes in which you or your dependent must enroll for TCC. Contact PMAB for a copy of RI 79-27 to obtain additional information.

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